

FREE GUIDE

Lower Back Pain: Why Rest Makes It Worse and What to Do Instead

The counterintuitive truth about back pain — and the movement-based approach that actually produces lasting relief.

Lower back pain is the leading cause of disability worldwide. At some point, roughly 80% of adults will experience it. And yet, much of the conventional advice — rest, avoid bending, wait for it to pass — is either ineffective or actively counterproductive. This guide explains what's really behind most back pain, why movement is the answer, and how to start moving safely.

UNDERSTANDING LOWER BACK PAIN

Why it's more complex than most people think

The vast majority of lower back pain — estimated at 85–90% — is classified as "non-specific," meaning there is no identifiable structural cause like a fracture or tumor. Even disc herniations and degenerative changes, which show up on MRIs and are often blamed for back pain, are present in large percentages of completely pain-free adults. The relationship between what an MRI shows and how much pain you feel is surprisingly weak.

"Studies show that over 50% of adults over 40 have disc bulges or degenerative changes on MRI — and no pain whatsoever. What shows up on imaging is often a normal part of aging, not the cause of your pain."

Common contributing factors to non-specific low back pain include:

- Weakness in the core, glutes, and hip musculature
- Poor movement mechanics — how you bend, lift, and sit
- Prolonged sitting and sedentary behavior
- Muscle guarding and protective tension that persists after the original irritation has resolved

- Stress, poor sleep, and psychological factors (which have a well-documented impact on pain perception)
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WHY REST MAKES IT WORSE

The problem with "taking it easy"

For acute back pain — the kind from a sudden strain — a day or two of relative rest is reasonable. Beyond that, bed rest has been shown to prolong recovery, increase disability, and worsen outcomes compared to staying active.

Here's what happens when you stop moving:

- The muscles that support the spine weaken rapidly, reducing spinal stability
- Tissue mobility decreases, increasing stiffness and the perception of pain
- Fear-avoidance behavior develops — the longer you rest, the more frightening movement becomes
- The nervous system remains in a sensitized state, making normal movement feel threatening
- Deconditioning sets in, making every physical demand feel harder

Current clinical guidelines from virtually every major spine organization recommend staying active and returning to normal movement as quickly as possible for non-specific low back pain.

WHAT ACTUALLY WORKS

The movement-based approach to lasting relief

Core stability training.

Not crunches — functional stability. The deep muscles of the core (transverse abdominis, multifidus, pelvic floor) create a stable foundation for the spine. Learning to engage and strengthen these muscles reduces spinal load and improves the back's ability to handle daily demands without pain.

Hip and glute strengthening.

Weak hips and glutes are a major contributing factor to lower back pain. When the hips can't do their job, the lower back compensates — and compensation leads to overload. Strengthening the glutes and hip stabilizers takes the burden off the lumbar spine.

Movement pattern retraining.

Learning to hinge at the hips rather than rounding the lower back when bending and lifting is one of the most important changes you can make. Most people with chronic back pain have developed movement habits that repeatedly stress the same spinal structures.

Aerobic exercise.

Walking, swimming, and cycling have all been shown to reduce back pain. General cardiovascular exercise improves circulation to spinal tissues, reduces systemic inflammation, and has a positive effect on mood and pain tolerance.

Gradual loading.

Progressively challenging the spine with appropriate resistance training — done correctly — builds the resilience that prevents future episodes. The spine, like any other structure, gets stronger with appropriate stress and weaker without it.

RED FLAGS — WHEN TO SEE A DOCTOR

Some back pain needs medical attention first

Seek medical evaluation if your back pain is accompanied by:

- Numbness, tingling, or weakness in one or both legs
- Loss of bladder or bowel control (seek emergency care immediately)
- Pain following a significant fall or trauma
- Unexplained weight loss or fever alongside back pain
- Pain that is constant, worsening, and not affected by position or movement

READY TO TAKE THE NEXT STEP?

Get a program built around your specific situation

Most back pain responds extremely well to a properly designed exercise program. Tim's clinical background means he can assess your movement patterns, identify what's contributing to your pain, and build a program that addresses it directly.

Tim Williams (BodyGrades) is based in Roswell, GA and works with adults 40+ managing pain, rebuilding strength, and returning to the activities they love. With 15 years as a licensed physical therapist assistant, he understands your body at a clinical level — and comes to you.

**Book your assessment at bodygrades.com
or call Tim directly at (678) 316-9459**

Tim Williams, BS, EP-C, KTP | Former Licensed Physical Therapist Assistant | 20+ Years in Healthcare & Fitness